

COMMENTS ON IMPROVING THE RURAL HEALTH CARE UNIVERSAL SERVICE MECHANISM

RE: FCC Docket No. CC 02-60

I appreciate the opportunity to comment on potential adjustments in the management provided by the Federal Communication Commission (FCC) regarding the Telecommunications Act of 1996. Healthcare in rural America continues to suffer and it is unfortunate that the objectives of the Telecommunications Act of 1996 are not being realized in our rural communities. The main objective of the Universal Service Order (USO) is to ensure that rural health care providers pay no more than urban health care providers for telecommunications. The use of only \$13 million of \$1.2 billion authorized (\$400 million annually for three years) is a clear indication that the provisions of the 1996 Act must be reconsidered. There is a crisis in rural health care and it is clear that these funds are definitely needed in these communities. Hopefully, comprehensive changes will be made to allow access to these funds and provide more effective and efficient rural health care services. My comments will focus on the topics of Eligible Health Care Provider and Eligible Services.

Eligible Health Care Providers

If an organization is licensed to provide any type of outpatient services such as physical therapy, speech therapy or any type of restorative services, they should be considered a health care provider regardless of their primary business focus. The narrow definition of the act has led to the unexpected low utilization of the available funds. Restorative services are vital to rural areas and with the appropriate support may assist in lowering the overall cost of health care. Supporting an environment with potential funds for telecommunications will lead to a greater potential of providing these services in an environment that has a lower cost structure than the traditional hospital environment.

Although the suggested change will make the funding more successful, it only treats the symptoms of the issue, not the root cause. The root cause of limited success of the USO is clearly the result of the narrow definition of rural health care provider. This definition must be expanded to clearly embrace all aspects of health care. For some reason not-for-profit long-term care providers are not included in the definition but not-for-profit hospitals are included. In many of the communities we serve, our facilities are the only accredited health care facility available. Long-term care must be part of the definition of health care provider because it simply is part of any definition of continuum of care. My father is receiving health care services in a long-term facility. Without these services and care our family would be in a crisis with no immediate resources to meet my fathers needs. Successfully providing these services are essential to the rural health care communities and I urge the FCC to include not-for-profit long-term care as part of the definition. I know there is concern about potential over-utilization of the funds but treating long-term care like hospitals (not-for-profit ONLY) should not be a burden on available funds. By accepting not-for-profit long-term care organizations, the FCC can begin a gradual alteration of the definition and based upon utilization can broaden the definition further until the desired funding impact on rural communities is accomplished.

Rural health care suffers from the lack of trained health care professionals. Our organization has partnered with the University of South Dakota to provide nursing educational opportunities to citizens in rural communities. Currently, there are approximately 50 students pursuing nursing degrees in the program. We are broadening the nursing educational opportunities and have over 100 inquiries from potential nursing students. A wide area network is used to provide the connectivity to these communities for the educational opportunities. In addition, to promote education in rural communities, we are offering courses through our network that will allow students to obtain a General Education Diploma. We have 251 students in rural communities working towards their diplomas. The challenge for our organization is continuing to fund the telecommunications network to provide these opportunities. Consideration must be given to assist in funding the telecommunication infrastructure in rural settings to develop any kind of health care professional not just post-secondary. There is a severe nursing shortage and any thing that can be done to limit this shortage must be pursued. I would recommend that an application process be established that would allow organizations that are growing health care professionals and have a demonstrated track record of success be considered as eligible participants for funding under the USO.

Eligible Services

I recommend that the Commission provide discounts on internet access charges under the USO. High-speed bandwidth in rural communities is limited. A known source of funding will encourage many rural telephone companies to provide the high bandwidth for access. The discount will also encourage eligible organizations to more aggressively pursue the internet. This will open many educational and other advancement opportunities to the rural setting by making data and information more accessible.

Thank you for the opportunity to comment.

Rustan D. (Rusty) Williams
Vice President & Chief Information Officer
P.O. Box 5038
Sioux Falls, SD 57117-5038

Phone: 605-362-3291

About The Evangelical Lutheran Good Samaritan Society

The Evangelical Lutheran Good Samaritan Society is a faith based not-for-profit long-term care provider that serves the health care needs of over 20,000 residents in 24 states. Because of our faith-based mission, we focus on the health care needs in rural communities. For this reason over half of our locations are in rural communities.